Nevada Department of Agriculture

4780 E. Idaho Street, Elko, NV. 89801

As required by NRS 575.130, this form must be completed by all owners of livestock and horses, and returned to the Department of Agriculture within 30 days to avoid penalty

DECLARATION AND BILL OF LIVESTOCK TAX

Dear Nevada Livestock Owner:

Nevada Revised Statute 575 provides procedures for the Department of Agriculture to collect certain special taxes on livestock. These special taxes include: 1) the Livestock Inspection Tax, which helps support brand inspection, livestock and horse theft investigations and animal health issues; 2) the Wool Growers Predatory Animal Control Tax, which helps support the predatory animal damage control program; and 3) the Sheep Inspection Tax which supports sheep disease control and other activities related to Nevada's sheep industry. Although administered by a state agency, this program was put in place legislatively by livestock owners for the protection of their livestock and is funded by the inspection fees and assessments paid by the owners of livestock. In order to be successful and keep the fees as low as possible, each owner must declare and pay his/her fair share.

In the past, each county has collected the taxes on livestock and forwarded them to the Department of Agriculture. Now, the Department is sending all livestock tax billings out statewide, in the spring of every year. The counties no longer are billing for livestock taxes. The Department will review submissions and may verify numbers by actual count if necessary, and may change declared numbers to reflect the actual count. The Department may establish numbers for those owners who fail to report. The law provides for an appeal if the livestock owner disagrees with the numbers or accuracy of the livestock listed on the report by the Department.

The **directions to calculate the amount of tax due** are on the reverse side of this letter. We realize that livestock numbers may fluctuate over a year's time. The numbers to be reported are to represent an average number of animals in Nevada over the past fiscal year (July 1, 2004 to June 30, 2005). If your total calculated assessment is *more* than 0, but *less* than \$5.00, NRS 571 requires you to pay a \$5.00 minimum fee. Once you have calculated your total assessment, please sign the form and return it to the address above, with your remittance made payable to the Nevada Department of Agriculture. **If you do not own any livestock,** please fill in the top portion with your name and address; check the "I DO NOT OWN ANY LIVESTOCK/HORSES" and return. Do NOT send in the \$5.00 minimum payment. This Livestock Declaration Invoice must be received by the Department within 30 days to avoid a late penalty.

If you have any questions, please call Cara Kenley at (775) 738-8076. Thank you for your cooperation in supporting our efforts to monitor and minimize the risks to the health and safety of Nevada's livestock.

NEVADA DEPARTMENT OF AGRICULTURE

4780 E. Idaho Street, Elko, NV. 89801

NAME:	NAM	IE OF RANCH:_			
MAILING ADDRESS:		COUNTY:			
CITY:	STATE:	ZIP:	PHONE:		
I DO NOT OWN ANY LI return. Do NOT send in the \$5.0		(If you do no	ot own any livestock/horses, please check	this and	
STOCK CATTLE:		# of Head			
,					
,	er) months or older)				
Dairy and Beer Steers (0			x 0.28 = \$		
DAIRY CATTLE:		# of Hea	d		
Dairy Bulls (6 months or o	lder)				
Dairy Cows (2 years or old					
Dairy Heifers (6 months or					
			x 0.53 = \$		
	· · · · · · · · · · · · · · · · · · ·		x 0.75 = \$		
			x 0.07 = \$		
GOATSSHEEP & WEANED LAMBS					
NOT keep their livestood C. NUMBER OF MONTH TOTAL AMOUNT DUE (MAKE CHECK PAYABL If your total calculated amoun	ck in Nevada for 12 months) HS SPENT IN NV. (ROUN LINE B X LINE C): \$ E TO THE NEVADA DEI	ID TO CLOSEST	NTHS): \$(for those who should be should b	o do	
111 IN STOTI I COUNTED I					
	OFFICIAL DEN As required by NRS 575.13 be completed and returned	30 this form must			
Name and address of others who	own sheep or livestock on my p	premises or grazing p	permit:		
Address:					
City:	State:	_Zip:	Phone:		
I declare under penalties of perjand correct.	ury that this declaration has bee	n examined by me a	nd to the best of my knowledge and belie	ef is true	
Signature:		Da	te:		